



Public Employees' Retirement Fund

**MARITAL STATUS**  
**1977 POLICE OFFICERS' & FIREFIGHTERS'**  
**PENSION & DISABILITY FUND**

State Form 53769 (10-08)

**1977 POLICE OFFICERS' & FIREFIGHTERS'**  
**PENSION & DISABILITY FUND**  
143 West Market Street  
Indianapolis, Indiana 46204-2899

\* This agency is requesting disclosure of Social Security Numbers in accordance with Internal Revenue Code; disclosure is mandatory and this form will not be processed without it.

- INSTRUCTIONS:**
1. Please type or print. Use black ink.
  2. Complete all information.
  3. Include this form with your retirement application.

Name of member ( <i>first, middle, last</i> )	
Social Security Number *	Marital status ( <i>please check one</i> )  <input type="checkbox"/> Married <input type="checkbox"/> Single
Name of spouse ( <i>first, middle, last</i> )	
Social Security Number *	Date of birth ( <i>month, day, year</i> )
Signature of member	Date ( <i>month, day, year</i> )
Printed name of member	